

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 19		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2199	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital				e. STREET ADDRESS (If rural, give location) 3761 Laclede			
3. NAME OF DECEASED (Type or Print) Charles		a. (First) Edmund		b. (Middle) Bradford		c. (Last) 4. DATE OF DEATH Jan. 2, 1951	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2		8. DATE OF BIRTH Feb. 8, 1875	
9. AGE (In years last birthday) 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Elevator Operator		11. BIRTHPLACE (State or foreign country) Litchfield, Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Elevator Operator		10b. KIND OF BUSINESS OR INDUSTRY Office Bldg.		11. BIRTHPLACE (State or foreign country) Litchfield, Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William Bradford		13b. MOTHER'S MAIDEN NAME Luisa Mulcumb		14. NAME OF HUSBAND OR WIFE Luella Bradford			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Russell Bradford, 3759 Laclede			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) * This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cirrhosis of Liver, Cholelithiasis</i> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>arterio-sclerotic changes</i> DUE TO (c) <i>myocarditis</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Orchitis</i>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>584X</i>			
22. I hereby certify that I attended the deceased from 12-22, 1951, to 1-2-51, that I last saw the deceased alive on 1-2-51, and that death occurred at 7:05 p.m., from the causes and on the date stated above.							
23a. SIGNATURE <i>Dr. T. J. Daffner</i>				23b. ADDRESS 634 N. Grand Blvd.		23c. DATE SIGNED 1-2-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 1-2-51		24c. NAME OF CEMETERY OR CREMATORY Oak Tree Cemetery		24d. LOCATION (City, town, or county) (State) Litchfield, Illinois	
DATE REC'D BY LOCAL REG. JAN 2 1951		REGISTRAR'S SIGNATURE <i>J. B. Laclede</i>		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe		ADDRESS 4700 Washington	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by ~~me~~ or by Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Edmond Penelucy

Licensed Embalmer No. 4283

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.